

# PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE  
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7590 10/02/2002  
**T. Murray Smith, Esq.**  
**Baker Botts L.L.P.**  
**Suite 600**  
**2001 Ross Avenue**  
**Dallas, TX 75201-2980**



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**Carol A. Donahue** (Depositor's name)  
*Carol A. Donahue* (Signature)  
**November 6, 2002** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/844,170	04/25/2001	Paul Kloczek	069078.0104	1739

TITLE OF INVENTION: METHOD AND APPARATUS FOR SWITCHING OPTICAL SIGNALS WITH A PHOTON BAND GAP DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$0	\$1280	01/02/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
SANGHAVI, HEMANG	2874	385-016000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Baker Botts L.L.P.**

2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Raytheon Company**

**Lexington, Massachusetts**

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature)

(Date)

*T. Murray Smith* Res. No. **30222** **11-06-2002**  
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02 FC:8001

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